

Regional Partnership Psychiatric Hospitals Group
April 23, 2003

In Attendance:

Lynn DeLacy, NVMHI
Jim Thur, Fairfax-Falls Church CSB
Bob Lassiter, Loudoun County CSB
Tom Geib, Prince William CSB
George Barker, Health Systems Agency of No. VA
Mark Diorio, NVTC
Chair of Regional MR/MI Work Group
John Morrow, Fairfax-Falls Church CSB
H. Patrick Walters, INOVA Health System
Colleen Cohen, INOVA
Kitty Harold, Virginia Hospital Center
Wendy Atkinson, Potomac Hospital
Sandy Burns, Potomac Hospital
Lucia Reynolds, NVCH
Amanda Goza, NVMHI
Leslie Weisman, Arlington CSB

Introductions and Updates

Jim Thur informed the group of the new Partnership web site and Partnership Press. He also reminded the group of the American Psychiatric Association's Vision for MH System Report. Jim and Lynn briefly summarized their recent meeting with the Commissioner and other staff from DMHMRSAS. They reviewed the process that is occurring in Northern Virginia and reported that the Commissioner was pleased with the number of participants and the level of community involvement. They shared with him the special challenges that Northern Virginia faces, including population growth, work force issues, and plans to modify the use of private sector psychiatric beds. They described the Commissioner as being responsive and understanding of these challenges.

Presentation of Levels of Inpatient Treatment Matrix

Lynn DeLacy and Leslie Weisman provided a brief discussion of the background and context of the treatment matrix. Amanda Goza described the matrix and gave some preliminary results from its use at NVMHI.

There was some useful input from the private psychiatric hospital representatives, who suggested that there may be a need to consider subdivision of the Level I category. They also raised the issue of patients who refuse medication and the challenge that this presents to the attending psychiatrist and the hospital itself. Although there are mechanisms available to address this issue, unlike in the public hospitals, it is seldom pursued by the private hospitals for a number of reasons. Several suggestions were made about how to

approach this, including enlisting the assistance of the Psychiatric Society and using the regional hospital LHRC as a forum.

All of the private psychiatric hospitals present agreed to use the matrix to assess their current census at two points in time over the next two weeks as well as submitting any suggestions for revision. Amanda Goza will send them the matrix and be available for technical assistance.

The goal will be to develop a common language in assessing and describing individuals who require inpatient treatment and to develop an inventory of which facilities are best suited to provide services to particular patients. Discussion will continue at the next meeting.

Several other issues were discussed. Leslie Weisman shared work from the MH Work Group on exploring expansion of possible diversion alternatives through strengthening of crisis care and Detox facilities. The need for a forum for discussion of issues that arise in the inpatient treatment of individuals with a co-occurring diagnosis of mental retardation and mental illness with the private psychiatric hospitals was discussed by Mark Diorio. The important role of discharge planning and need for step-down and wrap-around services in the community was discussed. Finally, there was some discussion of the need to better integrate the Recovery process into the private psychiatric hospital treatment model.

Review of Private Psychiatric Bed Capacity

A draft summary of private psychiatric bed capacity was distributed for review. After much discussion it was agreed that this was not a simple topic and should be addressed by a survey instrument which will be distributed by John Morrow to all of the private psychiatric hospitals requesting information on the number of licensed beds, number of staffed beds, and differentiation between adult and child/adolescent beds. There was also a recommendation that this survey include a way to capture specialty area beds, such as geriatric and MR/MI.

The meeting ended with a discussion of some of the issues that impact on the private psychiatric hospitals, including generally low reimbursement rates from Medicaid and Third Party Payers.

Next Meeting:

Two meetings were scheduled:

May 21, 10:00 – 12:00

Fairfax County Government Center; Rm 232

June 11, 10:00 – 12:00

Fairfax County Government Center, Rm 10